

UK NEWS Finding a solution to hospital associated infections, p 1210

WORLD NEWS Italian police arrest drug officials over alleged falsification of data, p 1208

bmj.com Number of alcohol related admissions in England has doubled in 12 years

Fears over security as Google launches free electronic health records service for patients

Janice Hopkins Tanne NEW YORK

Google, the search engine giant, has launched Google Health, a free service for patients offering a personal electronic medical record (www.google.com/health). But the move has prompted fears over the security of health information stored in this way.

President George Bush has promoted electronic health records as a means of reducing medical errors and cutting the costs of health care in the United States. But uptake has so far been slow.

The new Google service will compete with similar services offered by other commercial internet health services, such as WebMD. Electronic medical histories are also stored by major health insurance companies.

An individual will be able to create an account, protected by a password, and enter personal medical records, either by keying them in or by importing electronic records from hospitals, laboratories, and pharmacies that are Google Health partners.

When new information is added the service will check for potential interactions between drugs, allergies, and conditions. Patients can also search for doctors by specialty or location and for hospitals, and they can permit their doctors or others to see their medical information and add to it.

The *New York Times* reported that the service was popular when tested among patients at the Cleveland Clinic in Ohio earlier this year (www.nytimes.com, 20 May, "Google offers personal health records on the web"). The system allowed clinic patients to add information when they saw doctors who were not affiliated with the clinic, said Martin Harris, the clinic's chief information officer.

But Pamela Hartzband and Jerome Groopman, both from Harvard University, complained in the *New England Journal of Medicine* in April (2008;358:1656-8) that electronic health records have led to a sea of results being pasted from previous records, instead of being focused and selective. Furthermore, they said that electronic records have "become a powerful vehicle for per-

petuating erroneous information, leading to diagnostic errors."

Privacy of medical records in the US is covered by the federal Health Insurance Portability and Accountability Act of 1996. But a comment article in the *New England Journal of Medicine* said that the act applied only to healthcare providers and healthcare plans, not to data stored outside the healthcare system (2008;358:1653-6).

Google said that the data that patients store on Google Health may be shared "between Google products to enable joint features."

On its website it says that "no personal or medical information in your Google Health profile is used to customize your Google.com search results or used for advertising." It says that data stored with it will be safe. "We believe that your health information belongs to you, and you should decide how much you share and whom you share it with . . . We store your information securely and privately."

In its privacy policy Google Health says that users can allow others, such as their doctors or pharmacies, to share their medical records and to add to them (test results, for example). The user can revoke the permission at any time. But the individual or company who had permission may have already seen the personal medical information or may have kept a copy of it. Some of the websites that have been linked to a personal health record may be governed by the federal health insurance privacy act, Google says in its privacy statement.

Beth Israel Deaconess Medical Center in Boston, a Harvard affiliate, recently announced that it was expanding options for users of its secure PatientSite portal by joining with Google "to offer a new way to safely exchange medical records and other health data." John Halamka, the centre's chief information officer, is one of 23 experts who have been advising Google over the past year.

Thousands of migrants need treatment after xenophobic attacks

Pat Sidley

JOHANNESBURG

Tens of thousands of migrants to South Africa are in need of medical treatment, and many more have had to flee their homes in shanty towns around the country, after xenophobic attacks carried out by their South African neighbours.

Public hospitals have reported being unable to cope, and international

aid agencies such as Médecins Sans Frontières, the Red Cross, and Oxfam are providing emergency medical relief. The Red Cross said that it alone is caring for some 25 000 refugees. Médecins Sans Frontières reports gunshot wounds, lacerations, and head trauma and burns, while newspapers have carried gruesome pictures of a Mozambican man being burnt alive.



A man injured in the violence, in which at least 24 people were killed, is helped by paramedics

SIPHWE SIBEKO/REUTERS

IN BRIEF

FDA asks Congress for more funds:

Andrew von Eschenbach, commissioner of the US Food and Drug Administration, has said that the agency needs \$275m (£140m; €175m) more each year to ensure that imported drugs, medical devices, and foods are safe.

Polypill will cost less than \$10 a month:

Initial clinical tests are about to start on a polypill, a combination of aspirin, a statin, and an angiotensin converting enzyme inhibitor, for patients who have had a myocardial infarction, says the World Heart Federation.

Alcohol related admissions to English hospitals more than double:

The number of admissions to hospitals in England specifically for alcohol related reasons has more than doubled in the past 12 years. The statistics also show a major increase in the number of prescriptions for drugs to treat alcohol dependence.

Statistics on Alcohol: England, 2008 is available at www.ic.nhs.uk/pubs/alcohol08.

Burmese doctors' organisation sends aid:

The Myanmar Medical Association has been sending teams of volunteer doctors to help with the relief effort in the cyclone hit Irrawaddy delta, bringing essential drugs, medical equipment, and donated food, utensils, and clothes. Since 12 May, when the cyclone hit, some 1000 patients a week have been treated for injury and trauma, but there have not yet been any reports of cholera or typhoid. See www.mmacentral.org/news.php.

Hong Kong dean is charged with fraud:

The former dean of medicine at the University of Hong Kong, Lam Shiu-kum, has been charged with 30 counts of fraud, three of theft, and one of misconduct in public office, after allegations that he swindled 20 patients out of \$27 000 (£14 000; €17 000) in medical fees and stole over \$487 000 in donations from three patients. See www.icac.org.hk/en/news_and_events/pr2/index_uid_533.html.

Rampton smoking ban upheld:

Patients detained at Rampton, a high security psychiatric hospital in Nottinghamshire, have lost a challenge in the High Court to the government ban on smoking in enclosed public spaces. The hospital's lawyers argued that the ban was discriminatory and a breach of the right to respect for private life guaranteed by the European Convention on Human Rights.

Merck to pay \$58m in settlement over rofecoxib advertising

Fred Charatan FLORIDA

Merck & Company has agreed to pay \$58m (£29m; €37m) to settle allegations that advertising for its analgesic rofecoxib (Vioxx) played down potential health risks.

The civil settlement ends investigations by 29 US states and the District of Columbia into Merck's previous advertising practices for the drug. Tom Corbett, attorney general of Pennsylvania, said that the agreement is the largest in a multi-state consumer protection case involving drugs.

Mr Corbett said that in 1999 Merck had launched "an aggressive and deceptive advertising campaign which misrepresented the safety and improperly concealed the increased risks associated with Vioxx." Hundreds of thousands of consumers demanded prescrip-

tions for the drug before doctors had a chance to understand the side effects, he added.

"Consumers need clear information about the risks associated with prescription drugs so that they can make well informed decisions about their health care," Mr Corbett said. "This settlement addresses all of our concerns and will restrict Merck's ability to deceptively promote any of their products."

The agreement requires Merck to submit all new television advertisements for its drugs to the Food and Drug Administration for review for the next seven years. The company is also prohibited from engaging in "ghost writing," after allegations that people working for the company or otherwise connected with it wrote positive articles and papers about rofecoxib.

"Some of these articles looked as though they were being published by an independent doctor or organisation, but they were allegedly written by people who worked for, or had some interest in, Merck," said Mr Corbett.

In a statement published this week Merck

Italian police arrest drug officials over alleged

Michael Day MILAN

A scandal involving drug licences for cash has engulfed Italy's drug regulatory agency, and leading officials have been arrested, along with people linked to major drug companies.

The most senior figure to have been arrested and held by the police in his own home ("arresto al domiciliario") is Pasqualino Rossi, vice president of the Agenzia Italiana del Farmaco (AIFA), the Italian Agency for Pharmaceuticals. Dr Rossi is also one of Italy's most senior representatives at the European Medicines Agency (EMA).

Six drug company lobbyists have also been held. As the *BMJ* went to press, four people were in custody and three were under house arrest. Another individual wanted by the police was not in Italy.

Arrest warrants were issued after a Turin investigating judge, Sandra Recchione, saw a 700 page police report concerning alleged falsification, in return for cash payments, of clinical data needed for drug licences.

At the centre of the investigation are licences awarded for around 30 drugs, mostly thought to be generic products.

The two year investigation, centred on Turin, Rome (where the AIFA headquarters is based), Padua, and Alessandria, has involved the use of wire tapping and covert cameras.

The allegations originally arose in Turin

after the routine comparison of a branded drug and its generic equivalent. It emerged that the generic drug had undergone fewer tests than were officially claimed and that data endorsing the product may have been falsified.

The discovery sparked a major investigation by the city's prosecutor, Raffaele Guariniello. After the arrests he said, "In this case corruption and risks to people's health were bound up together. And the web and magnitude of events that we're shedding light on have unthinkable and very grave consequences."

He claimed that serious side effects, some potentially life threatening, had been concealed.

Italy's *La Repubblica* newspaper named the drug giants Bayer and GlaxoSmithKline as two companies with links to some of the people arrested.

Daniele Rosa, a spokesman for Bayer's Italian division, said, "The investigation does not concern the behaviour of the company but alleged behaviour that could be traced back to some collaborators whose behaviour the company has no knowledge of. We will cooperate, as always, with the investigating authorities for everything that will be requested."

Massimo Ascani, a spokesman for GlaxoSmithKline in Italy, denied that any associates of the company were involved in the

acknowledged that it had reached civil settlements “to resolve previously disclosed investigations under state consumer protection laws related to past activities for Vioxx.” The company said that it had “acted in good faith and that the company’s activities in support of Vioxx were intended to fully comply with relevant regulations.”

Bruce Kuhlik, executive vice president and general counsel to Merck, said in the statement, “Merck remains committed to communications that help patients and their physicians choose medicines based on accurate, fair, and balanced information.” He added, “Today’s agreement enables Merck to put this matter behind us and focus on what Merck does best, developing new medicines.”

Merck withdrew rofecoxib in September 2004, after studies linked it to an increased risk of heart attack and stroke. The company agreed six months ago to pay \$4.9bn to settle about 26 000 lawsuits (*BMJ* 2008;336:580-1, 15 Mar).

falsification of data

scandal. “The claims are completely untrue,” he said. “We deny any involvement whatsoever. These reports are groundless.”

Initially AIFA issued a brief statement denying that its employees were among those under investigation. When the Italian press named the senior officials arrested, however, the statement was removed from the website, and the spokesman told the *BMJ* that a new one was being prepared.

Martin Jarvis, a spokesman for the London based EMEA, said, “We are aware of the reports, and we have written to the Italian authorities in order to clarify Dr Rossi’s status. Our concern is that he is in a position to perform his duties at the EMEA.”

The Italian health ministry is setting up an expert commission to investigate the scandal.

Health services face enormous challenge after earthquake



An earthquake survivor is treated after arriving at West China Hospital in Chengdu, Sichuan province

Jane Parry HONG KONG

As well as the more than 80 000 people dead or missing as a result of the earthquake in Sichuan on 12 May, at least 292 480 people were injured and 5.4 million were left homeless, creating a huge medical and public health challenge for the Chinese authorities.

Non-governmental organisations have rushed to the aid of China’s medical system. They have found that although basic medical needs are being met, highly specialised medical expertise and equipment are urgently needed.

“What is coming across clearly to us,” said Martin De Smet, head of the emergency unit at the Brussels headquarters of Médecins Sans Frontières, “is that the basic needs of public health, general surgery, and the distribution of hygiene kits seem to be covered quite well, and we have two roles to play: in very specific medical fields and in the area of mental health.” In nephrology,

for example, the Chinese government has deployed extra dialysis machines and staff to the area, but Médecins Sans Frontières has sent three nephrologists with experience in the crush syndrome to provide expertise at three of the hospitals in Chengdu, the provincial capital, with trauma and orthopaedic capacity.

Dr De Smet said, “We have donated very specific consumables such as special filters, blood kits, and other medical materials. And to assist with the treatment of spine injuries we have sent a specialised surgeon.”

Although there has been a huge mobilisation of Chinese psychologists to help survivors cope with the trauma, few of them have experience of mass disasters.

Médecins Sans Frontières is sending psychologists to work with their Chinese counterparts and to share the expertise they have gained from similar disasters in Pakistan and Indonesia.

The earthquake destroyed many hospitals, and the Hong Kong Red Cross is in the process of constructing temporary hospitals to serve at least 100 000 people in the area until permanent medical facilities can be rebuilt. The first hospital, comprising tents and prefabricated buildings, is due to be completed this week.

Wilson Wong Mok-fai, deputy secretary general of the Hong Kong Red Cross, said, “From there we can work with our local counterparts to dispatch a number of mobile medical teams to reach out to remote areas for medical treatment and also to disseminate after-quake public health knowledge.”

Burn Calories,
Not Electricity



Take the Stairs!

Walking up the stairs just 10 minutes a day helps prevent weight gain, lowers the risk of stroke, promotes cardiovascular health, and reduces electricity use, the department says.

New Yorkers are told to take the stairs

Janice Hopkins Tanne NEW YORK

The New York City Health Department is encouraging building managers to post signs telling people to climb the stairs. Stair climbing consumes seven times as much energy as taking the lift. It encourages weight loss, lowers the risk of stroke, promotes cardiovascular health, and reduces electricity use, the department says.

Finding a solution to hospital associated infections lies in new approaches to drug use

Could reducing the use of antibiotics be a key factor in tackling MRSA? **Henry Creagh** reports

Henry Creagh LONDON

As the largest ever inspection programme of NHS acute hospital trusts gets under way, the problem of healthcare associated infections has never had a higher profile—nor been more hotly debated.

In April the Healthcare Commission announced an inspection, ordered by the health secretary, Alan Johnson, of all of England's 172 acute trusts. The commission's brief is not only to save lives but to increase the confidence of the public in the health service.

Questions about the practicality of screening patients for infections and the effectiveness of deep cleaning wards are now at the top of the agenda for health trusts, together with how to implement robust handwashing policies and to control prescribing of antibiotics.

Although it is widely agreed that the problem has no quick fix, some doctors believe that there are simple steps that can be taken to reduce dramatically the incidence of healthcare associated infections, particularly *Clostridium difficile*.

Speaking at a seminar in London last week organised by the Westminster Health Forum, David Jenkins, who leads on infection control at the University Hospitals of Leicester NHS Trust, reported an 80% fall in the incidence of *C difficile* over six months.

Dr Jenkins said that although there were changes in cleaning and isolation practices, he believed that the dramatic fall was due to a large reduction in the use of cephalosporin based antibiotics. A greater use of isolation facilities occurred at only one of the trust's

sites and did not have a major effect on rates of infection.

The trust has also seen a fall of 70% in the incidence of meticillin resistant *Staphylococcus aureus* (MRSA) in three years. Dr Jenkins ascribes this to more screening, particularly of elderly patients, and issuing patients with antibacterial soap.

Rotherham NHS Foundation Trust has seen a 47% fall in the incidence of *C difficile* over the past 12 months and a 50% reduction in MRSA over 18 months.

The trust's medical director, Walid Al-Wali, a consultant medical microbiologist, said that this was the result of having a clear anti-infection policy that was adhered to.

"A year ago we completed an audit on *C difficile* diarrhoea and found there was a close link between this and the use of broad spectrum antibiotics, particularly among elderly patients," he said.

"We realised that we had to use antibiotics in a more intelligent way or, if possible, remove them completely."

The hospital's policy now is for a list of all elderly patients who are taking antibiotics to be faxed every day to its microbiology department, which then discusses use of the drugs with the doctor in charge of each patient. Broad spectrum antibiotics are effectively banned from wards and can be used only with the permission of the microbiologist.

"In at least 50% of cases we stopped using antibiotics altogether, and for many of the rest of the patients we changed to something simpler," Dr Al-Wali said.

The change in antibiotics policy was

backed up by strict rules on hand washing, rigorous cleaning of equipment, and the use of isolation facilities for affected patients.

Dr Al-Wali said he had noticed a dramatic fall in the number of MRSA infections when the hospital brought in a policy of getting all elective orthopaedic patients—the highest risk group—to clean themselves with disinfectant for a week before their operation.

Another trust, the Winchester and Eastleigh Healthcare NHS Trust, reported that it had eliminated MRSA by restricting the use of cannulas and making their use a "prescribed event"—given only when absolutely necessary by specialists who are trained in their insertion.

The "deep clean" of NHS hospitals ordered by the secretary of state has been welcomed by some, because it served to push the issue of healthcare associated infections up the agenda, but others have described it as unscientific.

Edward Purcell, a lecturer in nursing at King's College London, described the deep cleaning policy as a "potentially dangerous diversion," saying that there was no evidence either way for its effectiveness. The two key areas for fighting infections were the prescribing of antibiotics and hand hygiene, he said.

"The standard of hand hygiene in the NHS is still fairly lamentable," said Dr Purcell. He added that high workloads were being used as an excuse.

The overuse of broad spectrum antibiotics was the key feature in high levels of *C difficile* infection, he said. "It would be much better if we could target the use of antibiotics, and this is partly down to better diagnostics."

Sainsbury Centre report says that prison

Owen Dyer LONDON

Mental health services in prisons in England are getting only a third of the money they need to achieve the government's goal of providing a service equivalent to that offered in the community. This is the central finding of a report from the Sainsbury Centre for Mental Health.

The report finds that none of England's regions are offering

a service adequate to meet prisoners' mental healthcare needs. Prison "inreach" teams, designed to be equivalent to community based mental health teams, are performing "very little face-to-face therapeutic activity," and they often find it difficult to secure continuity of care for prisoners once they are released. "Many inreach teams are

struggling to offer a decent service in the face of inadequate funding and very high levels of need among prisoners," said Sean Duggan, director of prisons and criminal justice at the Sainsbury Centre and one of the report's authors. "As a result they can do little more than assess people and try to prepare them for life in the community."

The report also found sharp



Prison inreach teams are struggling



An Ethiopian man carries food aid: Somalia and Ethiopia have been affected by drought and insecurity

East Africa faces starvation as rising food prices worsen effect of war

Peter Moszynski LONDON

Humanitarian agencies are alarmed by rising malnutrition across east Africa, where recent drought has further worsened the effects of displacement, environmental degradation, and conflict related food shortages.

Somalia and Ethiopia have been affected by drought and rising insecurity, which makes it increasingly difficult for aid agencies to reach many of those most in need. Furthermore, recent massive rises in food prices have compromised the ability of agencies to deliver aid and have reduced people's capacity to feed their families.

Last week the Food and Agricultural Organization of the United Nations warned: "The humanitarian situation in Somalia is deteriorating quickly, due to soaring food prices, a significantly devalued Somali shilling, and worsening drought. More than 2.6

million people, or 35% of the total population, are in need of assistance—an increase of more than 40% since January of this year."

At the same time Unicef has cautioned that some 126 000 children in Ethiopia were in need of urgent treatment for severe malnutrition and that up to six million children under 5 years old are now at risk of acute malnutrition.

It says, "Widespread drought, poor rainy seasons, heavy loss of livestock, limited food supply, and soaring prices of food, fuel and fertiliser linked to the global food crisis are contributing to the troubled outlook for children in Ethiopia."

It calculates that since September 2007 the prices of some cereals have risen by between 50% and 90%, "stretching the ability of some households to buy and meet all their food needs."

mental health services are underfunded

regional disparities in spending on mental health inreach teams, with more than twice as much money spent per prisoner in London and in the North East than in the East Midlands and South West.

Prison inreach teams were formed as part of the government's 2001 reform of prison mental health services.

They were a response to the realisation that most prisoners' mental health problems are of a milder sort that would normally be dealt with in a community setting. The multidisciplinary teams, typically numbering four workers, are funded by local primary care trusts. There are now more than 350 mental health inreach workers providing

services to people with severe mental illness in 102 prisons.

But the goals of the programme have expanded faster than its capabilities, as national policy has demanded greater attention to milder mental health problems.

Short-changed: Spending on Prison Mental Health Care is available at www.scmh.org.uk.

MPs support no change in 24 week limit on abortion

Clare Dyer LONDON

Great Britain's abortion laws survived the first serious assault on them in almost two decades this week, when an attempt to make them more restrictive was defeated in the House of Commons.

"Pro-life" MPs proposed a series of amendments to the Human Fertilisation and Embryology Bill to lower the 24 week deadline for abortion to 12, 16, 20, and 22 weeks, but each amendment was defeated.

The result is that women will continue to have the right to abortion up to 24 weeks' gestation in England, Wales, and Scotland if two doctors certify that the risk to her physical or mental health, or that to her child, will be greater if she continues with the pregnancy than if she ends it. The law in Northern Ireland is different.

The existing provision, which allows abortion at any stage of gestation if two doctors agree that a woman's health or life is gravely threatened by continuing with the pregnancy or that the fetus is likely to be born with severe physical or mental abnormalities, was not under challenge.

The MPs who called for a reduction in the 24 week limit, set in 1990, argued that technology had raised the chances of survival for babies born at 22 or 23 weeks' gestation. But two recent studies show that rates of survival below 24 weeks have not improved in the past decade, although survival at 24 or 25 weeks has improved markedly (bmj.com, 9 May doi: 10.1136/bmj.39555.670718.BE); and the Epicure 2 study, presented in a plenary session to the 2008 spring conference of the Royal College of Paediatrics and Child Health).

Kevin Barron, chairman of the Commons' Health Select Committee, told the BBC Radio 4 *Today* programme that the reason he decided to support the existing limit was "because it was what medical science was telling us. If medical science was telling us we should reduce the limit maybe that is something we should do."

He said of the study published on bmj.com on 9 May, which had been carried out in his constituency, "There was no evidence we should move on 24 weeks."

MPs were allowed a free vote on four issues of conscience, including the upper time limit for abortion.

See Feature, *BMJ* 2007;334:285-9.